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TYPE OF PAPER TRANSMITTED: AMENDMENT UNDER 37 C.F.R. § 1.116

APPLICANT'S NAME: Fong SHI

SERIAL NO.: 10/630,778

EXAMINER: Phat X. CAO

APPLICATION TITLE: NEAR HERMETIC PACKAGING OF GALLIUM ARSENIDE SEMICONDUCTOR DEVICES AND MANUFACTURING METHOD THEREFOR

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|---|----------------------|------------------------|---------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/630,778 | |
| | Filing Date | July 31, 2003 | |
| | First Named Inventor | Fong SHI | |
| | Group Art Unit | 2814 | |
| | Examiner Name | Phat X. CAO | |
| Total Number of Pages in This Submission | 12 | Attorney Docket Number | 60000500-1012 |

ENCLOSURES (check all that apply)

- ☒ Transmitted herewith is Amendment Under 37 C.F.R. Section 1.116
- ☒ The fee has been calculated as shown below:

| (1) TYPE OF CLAIMS | (2) CLAIMS REMAINING AFTER AMENDMENT | (3) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | (6) RATE | (7) ADDITIONAL FEE |
|--|---|--|---|--|-----------------------|
| TOTAL CLAIMS | 14 | 34 | 0 | <input type="checkbox"/> x \$25.00 <input type="checkbox"/> x \$50.00 | \$0 |
| INDEPENDENT CLAIMS | 2 | 5 | 0 | <input type="checkbox"/> x \$100.00 <input type="checkbox"/> x \$200.00 | \$0 |
| APPLICATION AMENDED TO CONTAIN ANY MULTIPLE DEPENDENT CLAIMS NOT PREVIOUSLY PAID FOR | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> x \$180.00 <input type="checkbox"/> x \$360.00 ONE TIME | \$ |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0 |

- ☐ Applicant petitions the Commissioner for Patents to extend the time for responding to the Office Action dated _____ by one month(s) for a fee of \$_____ so that the period for response is extended to _____ under 37 C.F.R. § 1.321.
- ☐ The amount of \$_____ for the Terminal Disclaimer under 37 C.F.R. § 1.321 is included in the enclosed credit card payment form to charge.
- ☐ The enclosed credit card payment form to charge the amount of \$_____ to cover the total claim fee and other applicable fees.
- ☒ The Commissioner is hereby authorized to charge the extension fee and any additional fees which may be required, or to credit any overpayment to Account No. 19-3140. A duplicate of this sheet is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

14. ☒ Customer No. 26263

Dated: August 02, 2005

David E. Crawford, Jr. (Registration No. 38,118)

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being filed via facsimile 571-273-8300 with the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.

Dated: August 2, 2005

Sandra K. Lawrence

10/630,778 (60000500-1012)

Page 1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Fong SHI

Application No.: 10/630,778

Filed: July 31, 2003

For: NEAR HERMETIC PACKAGING OF
GALLIUM ARSENIDE SEMI-
CONDUCTOR DEVICES AND
MANUFACTURING METHOD THEREFOR

Group Art Unit: 2814

Examiner: Phat X. CAO

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT UNDER 37 C.F.R. § 1.116

Sir:

In response to the Final Office action dated June 13, 2005, please amend
the above-identified application as follows: